



State of New Jersey  
Department of Labor  
Division of Workers' Compensation  
PO Box 381  
Trenton, New Jersey 08625-0381

Date

Claim Petition No.

To:

**Subpoena**

**Duces Tecum  
Ad Testificandum**

You are hereby commanded, setting aside all business and excuses whatsoever, to personally appear before the Judge of Compensation at the time and place to testify to the truth according to your knowledge in the above captioned matter.

You are further ordered and directed to bring with you and produce at said time and place the following:

And this you are not to omit under penalty which may ensue.

**Duly Authenticated**



\_\_\_\_\_  
*Judge of Compensation*

\_\_\_\_\_  
*Date*